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THE ROLE OF THE INTERNATIONAL COMMUNITY FOR THE HEALTH OF CHILDREN IN DEVELOPING COUNTRIES

Richard Jolly,
Deputy Executive Director, Programmes
UNICEF

Vatican City - 20th November, 1993

It is an honour and a special privilege to participate in this eighth international conference. Children are indeed the future of society. And each new child born helps his or her parents and can help all of us to reach out to that future with renewed hope and vision, to ask how the future can be made better for that child and better for all children.

My topic is the role of the international community in improving the health of children in that future. But before turning to this, I would like to make a few more general points about the international community. Reform of the international community in the post cold war world is a major issue of debate today - within the United Nations, within many governments, in the press, universities and other groups. Too often such debate is pre-occupied with the political, the military, the economic and the financial. And too often the terms of the debate are those of the realpolitik of national sovereignty and international relationships. And too frequently the conclusions of that debate are limited to marginal increments beyond the status quo.

The needs of children and the "issues of health" can help raise our sights above politics without human vision and take us beyond the deadening debate of incremental change. Children can remind us that human development needs to be the ultimate objective of economic development, the touchstone of policy, the measure of progress. Children remind us of basic human needs - of right to life, to care, to love, to health, to education, to shelter, to protection, to support, and to be brought up with a sense of wonder and awe and with a sense of obligation to others, to family, to community, to humanity. Most of us when we see a child - our own child, the children of friends, even an unknown helpless child on some TV screen - feel these rights, even at times when we fail to act upon them.

Lawyers can expound each article of the Convention of the Rights of the Child. Economists can explain why the investments in basic health and education for children cannot be left to the market alone. Doctors can identify the specific needs for healthy growth in the first year of life. But a baby, with its own irresistible smile and human dependence, provides a more universal and compelling appeal which few can resist - and to which all of us should respond.

UNICEF believes that these human imperatives should not only guide our actions towards individual children. They should also govern our activities for national policy and

international reform. In reforming the international system, we need to recognize three fundamental human principles.

- Human development should be the ultimate objective and touchstone of development;
- Respect for people is fundamental, regardless of gender, economic or social status, religion, nationality or ethnic grouping;
- International action can and ultimately must be driven by ethical imperatives of human solidarity. There can be no value-free agenda.

Issues of international debt, adjustment, aid, technology transfer and many others all need to be approached and supported with clear regard for these basic human principles. These principles underline the need for giving much higher priority to support for the least developed countries, and to human development in Africa in particular.

I turn now to the role of the international community for the health of children. In looking forward, we need to recall and to build on some of the great victories of the past. Even recognition of victories is important because too often past commitments are held back by negative but erroneous beliefs - that nothing can be done that development always fails, that accelerating progress in health and education must be too costly. All this is simply not true. Consider for example:

- the eradication of smallpox, completed in 1978. At its peak, smallpox had been killing some two million each year, mostly children. For 3000 years smallpox had been a scourge of mankind. Led by the World Health Organization, smallpox was eradicated by the international community over the 1960s and 1970s at a total cost of less than \$300 million - less than the cost of three fighter-bomber aircraft. Inspired by this victory, the World Health Assembly proposed the Expanded Programme of Immunization in the 1980s and now suggests the eradication of polio by the year 2000 and of measles early next century.
- the role of science. This year marks the 25th anniversary of the discovery and development of oral rehydration - the low-cost therapy which was hailed by The Lancet as possibly the most important medical discovery of the century and which has been reducing child deaths from dehydration and diarrhoea by a million a year since about 1990.
- social mobilization for child health. Though vaccination against measles, whooping cough, diphtheria, tetanus, tuberculosis and polio has been readily available since the 1960s, it was only in the late 1980s that a dramatic acceleration of coverage was achieved. This was achieved with a massive mobilization of commitment and people, of institutions and the media - including in many countries, the churches as a central and important partner.

By 1990, the developing countries had achieved the target of 80 per cent coverage - and three million children were no longer dying from vaccine preventable diseases each year.

- reduction of child mortality. The number of children dying each year has been significantly reduced over the last 40 years - from 24 million in 1950 to 13 million in 1992, in spite of world population more than doubling over this period.

World Summit for Children

A first step towards giving a new priority to the health and welfare of children worldwide was taken at the World Summit for Children, held at the United Nations on September 30, 1990. The world leaders who attended the World Summit for Children decided that the annual shame of 13 million largely preventable child deaths must not be allowed to accompany us into the 21st century. In the Declaration on the World Summit for Children, they set seven major goals for children and women over the 1990s.

- reduction of infant and under-five mortality rates by one-third;
- reduction of maternal mortality rates by half;
- reduction of severe and moderate malnutrition among children under five by half;
- universal access to safe drinking water and to sanitary means of excreta disposal;
- universal access to basic education, with completion of primary education by at least 80 per cent of primary school age children;
- reduction of the adult literacy rate to at least half its 1990 level, with emphasis on female literacy;
- and improved protection of children in especially difficult circumstances.

The full set of goals is attached as annex 1.

In pursuing these goals, we already have a significant foundation of progress to build on. UNICEF has recently issued a new annual publication entitled Progress of Nations that details how far we have come and how far we have to go to reach our goals.

In accelerating towards these goals, it is important to emphasize two basic facts. First, economic wealth is not the decisive factor. One of the most important lessons of the past

few decades is that rapid progress in human development can be achieved in poor countries, if they set and implement the right priorities. Indeed, a number of poorer nations are much closer to meeting the basic needs of all their citizens than others that are considerably wealthier.

Seven of the poorest countries, for example, - China, the Democratic People's Republic of Korea, Dominican Republic, Honduras, Philippines, Sri Lanka and Vietnam - have brought child deaths down below the year 2000 target of 70 deaths per 1,000 births (and Egypt is about to join the group); many other nations that are two or three times wealthier have far high rates than this. The point is this: human progress need not await full national economic advance. Political commitment and community action to improve people's lives can work miracles even with low levels of economic development. Indeed, experiences show that human development is the essential foundation for economic and social advance.

The second fact to recall is that much progress has already been achieved. The tragedies of Somalia and Yugoslavia and other war-torn countries blind too many of us to the gains that have been made. Many people, particularly in the industrialized countries, where information about the developing world comes exclusively from news reports of its disasters, fail to realize the impressive human progress of the last forty years.

The facts are that in little more than one generation, average real incomes have more than doubled in the developing countries; child death rates have been more than halved; malnutrition rates have been reduced by about 30 per cent; life expectancy has increased by about a third; the proportion of children enrolled in primary school has risen from less than half to more than three quarters; and the percentage of rural families with access to safe water has risen from less than ten per cent to more than 60 per cent. In the meantime, birthspacing has improved and the average family size in developing countries has fallen from six to under four, just over half the decline required to set the condition for stable world population.

Mid decade goals for 1995

Since the World Summit for Children, most regions of the world have added to their long-term goals a set of ambitious but feasible mid--decade goals for 1995, to serve as a focus for immediate action and mobilization.

These mid-decade goals vary slightly by region, but mostly incorporate the following ten objectives:

- Raising immunization coverage against the six principal vaccine-preventable diseases to 80 per cent or more in all countries;
- Elimination of neonatal tetanus;

- Reduction of measles deaths by 95 per cent and of measles cases by 90 per cent;
- Elimination of polio in selected countries;
- Elimination of vitamin A deficiency;
- Universal iodization of salt to end iodine deficiency disorders;
- Achievement of 80 per cent usage of oral rehydration therapy; in selected countries, 50 per cent of all health facilities and providers to offer correct case management for diarrhoea and pneumonia;
- Making virtually all major hospitals and maternity facilities "baby-friendly" by ending free and low-cost supplies of infant formula and following the "Ten Steps to Successful Breastfeeding", recommended by UNICEF and WHO;
- Eradication of dracunculiasis;
- Universal ratification of the Convention on the Rights of the Child.

In addition, three intermediate targets have been set in the areas of nutrition, education, and water and sanitation. These partial or stepping-stone goals are intended to encourage governments to develop the systems needed to achieve the complete goals in these sectors by the year 2000.

How we can accelerate progress

There are seven actions which in UNICEF's experience are key to the successful implementation of accelerated programmes to reach the goals for children.

First, there is need for high level political leadership and commitment. UNICEF has learnt in recent years that health actions can be dramatically accelerated if leadership by the president or head of state is directly turned to this task. Where the head of state regularly monitors the achievement of the goals, as President Salinas now does every six months in Mexico, experience shows that ten year goals can be achieved in three or five year periods.

Second, action and leadership also need to be deployed at the provincial and municipal levels, and among a wide variety of institutions and organizations, government and non-government, among the churches, universities and professional organizations. Sub-national plans have been issued in many countries. Without effective decentralization, National Programmes of Action will not be translated into programmes at the local level which is, after all, where the needs are.

Third, greater resources urgently need to be allocated to this effort. Where fiscal constraints rule out any increase in national budgets, restructuring of sectoral allocations can - indeed, must - provide the increased funds needed for children. As Prime Minister Gro Harlem Brundtland of Norway reminded the world at the United Nations last month, 20 per cent of national budgets and ODA - at a minimum - should be allocated to "helping the poor meet their needs for food, water, sanitation, basic health care, family planning and education for their children." At present, an average of only about ten per cent of government spending and of overseas aid budgets is devoted to these purposes.

Fourth, integration of services and mutual reinforcement of interventions are both needed if we are to employ limited resources to accelerate progress. Every health centre needs to be made "child friendly", providing - at a minimum - immunization services, breastfeeding promotion, vitamin A capsules, advice on birth spacing and standard case management for diarrhoea and pneumonia. Only by clustering goals and taking advantage of every opportunity - every appropriate venue - for multiple interventions, can we get the kind of acceleration of progress that is required.

Fifth, social mobilization is critical. We live in a world of pervasive media - though too often the media is used to little purpose. We need to mobilize the press, television, all means of communication to spread the basic messages of health in ways that ordinary people can use for themselves, their families and their communities. The Church has played a major role in this endeavour in the 1980s - as incidentally it did in the 19th century when in many communities in Europe the village priest encouraged parents to take their children for what was then new immunization. In Colombia, in Brazil, in Central America, the Church has shown its capacity to mobilize people for the health of their children in dramatically successful ways. In El Salvador in 1986, the Archbishop played a significant role in bringing the guerilla movement into agreement with the government, both in support of a truly national effort of immunization. The results saved more children through immunization each year than had been lost through fighting in all the years.

Sixth, far greater emphasis needs to be placed on improving the status of women, starting with young girls. Society can make no better investment than in the health and education of girls and women - for their own sake, and for the multiple benefits that accrue to children, family, community and the economy. Progress will not be meaningful or sustainable where deeply-rooted gender discrimination goes unchallenged.

Seventh, monitoring systems must be strengthened to provide accurate and timely information to guide policies and programmes. Currently, because of weak monitoring systems, most developing countries lack the accurate and up-to-date data that are so important to our human development efforts. Without solid monitoring mechanisms, accountability is undermined all along the chain of responsibility.

These steps, challenging but powerfully focused and involving many partners, are critical for making the goals a reality. We need to appeal to the best in all of us in providing

the necessary support. But we also need to note the benefits that can follow if these goals are achieved.

The lives of an additional two million children can be saved each year if countries meet these 1995 targets for improving health, nutrition and education of children worldwide. At the same time, child health and children's education would be strengthened, economic development given an important boost, population growth helped to slow, stress on the environment eased, democracy strengthened and improvements achieved in the status of women.

Just by achieving one of the mid-decade targets - universal iodization of salt - countries will eliminate the leading cause of preventable intellectual underdevelopment in the world, thereby significantly improving school performance and labour productivity. IDD is the largest single cause of mental retardation in the world, affecting at least 200 million people and some seven million severely enough to be cretins. With the abolition of IDD, it is estimated that IQ among affected populations would be raised by an average of several points.

In parallel, by providing children with vitamin A through capsules or improved diets, countries will virtually eliminate the leading cause of blindness among children and lower child death rates by up to 30 per cent. Meeting the mid-decade targets would also go far towards eliminating polio and guinea worm, two diseases that cripple children and achieving such social goals as giving young girls equal opportunities in education.

These are the opportunities before us - if we have only the vision to see them and the commitment to seize them. As Barbara Ward, who contributed so creatively to the Pontifical Commission of Justice and Peace, so often said:

"Our visionary perspective is the true realism - and that is what we must pursue."